

EVALUATOR MANUAL TRANSMITTAL SHEET**2015 Adult Community Care Facilities and
Residential Care Facilities for the Chronically Ill
Chaptered Legislation / Implementation Plans**

<u>Distribution:</u>	<u>Transmittal No.</u> 16APX-15
<input checked="checked" type="checkbox"/> Adult and Senior Care Program <input type="checkbox"/> Children's Residential Program <input type="checkbox"/> Child Care Program <input type="checkbox"/> All Programs	<u>Date Issued</u> June 2016

Subject:

Appendix A – 2015 Chaptered Legislation
Adult Community Care Facilities and Residential Care Facilities for the Chronically Ill

Reason for Change:

This document transmits implementation plans that include summaries of, and implementation procedures for, the legislation chaptered in 2015 affecting Adult Community Care Facilities and Residential Facilities for the Chronically Ill. Statutes referenced in this document are operative on January 1, 2016, unless otherwise stated.

Filing Instructions:

REMOVE: **16APX-01** 2015 Chaptered Legislation for Adult Community Care Facilities and Residential Care Facilities for the Chronically Ill.
Do not remove similar documents from the previous years.

INSERT: **16APX-15** 2015 Chaptered Legislation for Adult Community Care Facilities and Residential Care Facilities for the Chronically Ill.

Approved:

Original signed by Seton Bunker

June 9, 2016

Seton Bunker, Chief
Policy and Process Management Bureau
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Date

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2015 CHAPTERED LEGISLATION

Summaries and Implementation Plans

ADULT COMMUNITY CARE FACILITIES AND RESIDENTIAL CARE FACILITIES FOR THE CHRONICALLY ILL

“ACTION REQUIRED”		
BILL INFORMATION	SUBJECT	PAGE
Assembly Bill 1387	Care Facilities: Civil Penalties, Deficiencies and Appeal Procedures. Amended sections 1548 , 1568.0822 , 1569.35 , 1569.49 , 1596.842 , 1596.99 and 1597.58 of the Health and Safety Code to stipulate the procedures by which a departmental decision may be appealed by a licensee.	1
Senate Bill 588	Employment: nonpayment of wages: Labor Commissioner: judgment enforcement. SB 588 added Chapter 10 to Division 1 of Title 9 of Part 2 of the Code of Civil Procedure, amended Section 98 of, and added Sections 96.8, 238, 238.1, 238.2, 238.3, 238.4, 238.5, and 558.1 to, the Labor Code, relating to employment.	7
“INFORMATION ONLY – NO ACTION REQUIRED”		
Assembly Bill 918	Seclusion and restraint: developmental services: health facilities Assembly Bill (AB) 918 added Sections 4436.5 and 4659.2 to the Welfare and Institutions Code (WIC), to require public reporting of injuries and deaths occurring as a result of the use of seclusion and behavioral restraint.	8
Assembly Bill X2-15	State Department of Public Health: End of life. Repeals Part 1.85 (commencing with section 442) and adds Part 1.85 (commencing with section 443) of Division 1 of the Health and Safety Code.	10

Unless otherwise noted, all new legislation becomes effective on January 1, 2016. When conducting licensing visits, Licensing Program Analysts (LPAs) should, to the extent practical, make sure that providers are aware of any new requirements. However, regardless of whether this information is provided, it is the licensee's responsibility to be aware of any new requirements affecting their program.

ACTION REQUIRED

Assembly Bill 1387 (Chu), Chapter 486, Statutes of 2015

Affects: Community Care Facilities (CCFs)
Children's Residential Facilities and Certified Family Homes
Residential Care Facilities for the Elderly (RCFEs)
Residential Care Facilities for the Chronically Ill (RCF-CIs)
Child Care Centers (CCCs) and Family Child Care Homes (FCCHs)

Subject: Care Facilities: Civil Penalties, Deficiencies and Appeal Procedures

Summary: [Assembly Bill \(AB\) 1387](#) amends sections [1548](#), [1568.0822](#), [1569.35](#), [1569.49](#), [1596.842](#), [1596.99](#) and [1597.58](#) of the Health and Safety Code to stipulate the procedures by which a departmental decision may be appealed by a licensee.

Effective January 1, 2016, amendments to statute include:

For violations that result in death, serious injury (for child care facilities), or serious bodily injury (for all other facilities), or that constitute physical abuse:

- Health and Safety Code sections [1548\(f\)](#), [1568.0822\(f\)](#), [1569.49\(f\)](#), [1596.99\(f\)](#), [1597.58\(f\)](#) are amended to require that any civil penalty for a violation resulting in death or serious bodily injury/serious injury, or that constitutes physical abuse of a client, must first be approved by the Program Administrator before being assessed. (Prior to [AB 1387](#) these assessments required approval by the Director of the Community Care Licensing Division.)
- Health and Safety Code sections [1548\(j\)](#), [1568.0822\(j\)](#), [1569.49\(j\)](#), [1596.99\(k\)](#), [1597.58\(k\)](#) amend the appeal process for civil penalties assessed for death, serious bodily injury/serious injury or physical abuse. Any appeal of penalties for these types of violations will now go to the Deputy Director. (Prior to [AB 1387](#) appeals first went to the Regional Manager and then the Program Administrator). A timeline for this appeal process is now stipulated in statute.
- Subsequent to the Deputy Director's decision, the law allows the licensee to further appeal the penalty to an Administrative Law Judge, following procedures set out in the Government Code.

For All Other Civil Penalties or Deficiencies:

- Health and Safety Code sections [1548\(k\)](#), [1568.0822\(k\)](#), [1569.49\(k\)](#), [1596.99\(l\)](#), and [1597.58\(l\)](#) are amended to require that the appeal of any other civil penalty or deficiency will now go to the Regional Manager. (Prior to [AB 1387](#) appeals first went

to the Licensing Program Manager). A timeline for this appeal process is now stipulated in statute.

- Subsequent to the Regional Manager's decision, the law allows the licensee to further appeal the penalty or deficiency to the Program Administrator. A timeline for this appeal process is also stipulated in statute. The Program Administrator's decision concludes the licensee's administrative appeal rights.

All Other Amendments:

- Health and Safety Code sections [1548\(i\)](#), [1568.0822\(i\)](#), [1569.49\(i\)](#), [1596.99\(i\)](#), [1597.58\(j\)](#) are amended to codify current regulations regarding the practice for writing notifications of deficiencies.
- Health and Safety Code sections [1548\(o\)](#), [1568.0822\(n\)](#), [1569.49\(n\)](#), [1596.99\(n\)](#), and [1597.58\(n\)](#) are added to allow the Department to implement and administer the changes made by this legislation through all-county letters or similar written instructions until regulations are adopted.

Child Care Only Amendments:

- Health and Safety Code section [1596.842](#) is amended to reference the appeal process in sections [1596.99](#) and [1597.58](#) of the Health and Safety Code to conform to the statutory appeal process.
- Health and Safety Code sections [1596.99\(i\)](#) and [1597.58\(i\)](#) are amended to remove the requirement that money deposited into the Child Health and Safety Fund be used to provide placement assistance to families with children who attend a family day care home or day care center whose license is revoked or temporarily suspended.

RCFE Only Amendments:

- Health and Safety Code section [1569.35\(c\)\(2\)](#) is amended to add that the Department will give priority, whenever possible, to complaints filed by local long-term care ombudsman or the State Long-Term Care Ombudsman and notify the Office of the State Long-Term Care Ombudsman that an investigation has been initiated.
- Health and Safety Code section [1569.35\(c\)\(3\)](#) adds the requirement asserting that the Department shall make a good faith effort to contact and interview the complainant prior to conducting an onsite investigation and inform them of the Department's proposed course of action.

- Health and Safety Code section [1569.35\(d\)](#) is added to mandate the Department to notify the complainant, in writing, of its decision within 10 business days of completing the investigation.

IMPLEMENTATION:

This bill becomes effective January 1, 2016. There are two appeal processes mentioned in the bill: one for penalties assessed for a violation determined to have resulted in death or serious bodily injury/serious injury, or that constitutes physical abuse; and another appeal process for all other penalties and deficiencies. This law restructured both appeal processes by reducing the number of levels of appeal of each type and providing a timeline for each appeal. In addition, it requires that any civil penalty assessed for a violation that results in death or serious bodily injury, or that constitutes physical abuse of a client, first be approved by the Program Administrator. This bill did not address the unlicensed appeal process, which remains unchanged.

For violations that result in death or serious bodily injury/serious injury, or that constitute physical abuse:

- 1st Level: Deputy Director, Community Care Licensing Division
- 2nd Level: Administrative Law Judge

For All Other Civil Penalties or Deficiencies:

- 1st Level: Regional Manager
- 2nd Level: Program Administrator

For appeals reviewed by the Deputy Director, Regional Manager or Program Administrator, the procedure is as follows:

- A licensee may file an appeal, in writing, within 15 business days from the date of receiving the penalty assessment. All available supporting documentation must be submitted with the request for review.
- Within 30 business days of the request for review, the licensee may submit any additional supporting documentation that was unavailable at the time of the initial request.
- If the Department requires additional information from the licensee in order to make its determination, that information shall be requested within 30 business days of receiving the initial request. The licensee shall provide this additional information within 30 business days of receiving the request.
- Upon review of the appeal and additional information, the Department may amend any portion of the action taken, or may dismiss the violation entirely. The licensee shall be notified in writing of the Department's decision within 60 business days of the date when all necessary information has been provided to the Department by the licensee.

- Upon exhausting this review, the licensee may further appeal the decision to the next level of review, as outlined above. For appeals of any other civil penalty or deficiency besides death, serious bodily injury or physical abuse, the Program Administrator's decision is considered final, and concludes the licensee's administrative appeal rights.

Interim Procedure for the Civil Penalty Review Form

LIC 178 Penalty Review:

1. Open the Print Only Forms database and the applicable civil penalty form.
2. Complete the selected LIC form as required.
3. Print two copies for signature by the Reviewer.
4. Provide one copy to Licensee and add the other copy to facility file at Regional Office.

For appeals reviewed by an Administrative Law Judge:

Appeals will be conducted in accordance with Chapter 5 (commencing with Section [11500](#)) of Part 1 of Division 3 of Title 2 of the Government Code.

Interim Civil Penalty Assessment Procedure:

The following LIC forms will be temporarily disabled from being connected to a specific facility file in FAS effective January 1, 2016:

- LIC 421 CIVIL PENALTY ASSESSMENT
- LIC 421B CIVIL PENALTY ASSESSMENT – IMMEDIATE
- LIC 421C CIVIL PENALTY ASSESSMENT – IMMEDIATE \$150
- LIC 9058 APPLICANT/LICENSEE RIGHTS

These LIC forms will be temporarily unavailable in the FAS drop-down menu for “Additional Forms”.

While FAS is being programmed to incorporate the new and amended forms, all of the civil penalty forms will be available only in the FAS “CCLD Print Only Forms” menu. In contrast to the forms available in the “Additional Forms” drop-down menu, the forms below cannot be electronically attached to a facility report.

Amended Civil Penalty Forms

- [LIC 421 CIVIL PENALTY ASSESSMENT](#); appeals process revised
- [LIC 421B CIVIL PENALTY ASSESSMENT – BACKGROUND CHECK / CHILD CARE](#); title changed and appeals process revised

- [LIC 421C CIVIL PENALTY ASSESSMENT – IMMEDIATE \\$150](#); appeals process revised. In addition, facility-specific civil penalty information for sickness, injury, and death have been amended
- [LIC 9058 APPLICANT/LICENSEE RIGHTS](#); appeals process revised

Note: The [LIC 421A CIVIL PENALTY ASSESSMENT \(Unlicensed Facility\)](#) has not been revised, as the statutory amendments do not impact this form.

New Civil Penalty Forms

- [LIC 421D CIVIL PENALTY ASSESSMENT – DEATH](#); this form specifies the new civil penalty amount for a violation which resulted in the death of a resident/client for each facility type
- [LIC 421E CIVIL PENALTY ASSESSMENT – SERIOUS BODILY INJURY/PHYSICAL ABUSE](#); this form specifies the new civil penalty amount for a violation that constitutes physical abuse or resulted in serious bodily injury/serious injury

Interim instructions for amended civil penalty “Print Only Forms” in FAS

The FAS Print Only LIC forms are fillable PDF forms. Starting January 1, 2016, the LPA shall follow the steps below in using these forms:

1. On the LIC [809](#) or LIC [9099](#), indicate the civil penalty being assessed, including the authority for the citation (regulation or statute) and amount assessed
2. Write the following on the LIC [809](#):
“The licensee was provided a copy of their appeal rights (LIC [9058](#) 12/15) and their signature on this form acknowledges receipt of these rights.”
3. Open the Print Only Forms database
 - A. Open the applicable civil penalty form
 - i. Complete the selected LIC form as required
 - ii. Print two copies for signatures by LPA and Licensee
 - iii. Provide one copy to Licensee and add the other copy to facility file at the Regional Office
 - B. In Print Only Forms database, open the LIC [9058](#) (12/15)
 - i. Print one copy
 - ii. Provide the copy to the Licensee

Interim instructions for LIC [421D – Death](#), and for LIC [421E – Serious Bodily Injury/Physical Abuse](#)

A civil penalty for a violation suspected of resulting in death, serious bodily injury or physical abuse will not be assessed at the time of the site inspection because the final determination on these types of violations can only be made by the Program Administrator. Instead, it should be noted on the licensing report that a civil penalty determination is pending. The underlying violation that resulted in the death, serious

bodily injury or physical abuse of a client shall be cited following normal procedures (see above).

If approved by the Program Administrator, a signed LIC [421D](#) or LIC [421E](#) form will be provided to the Regional Office. The Licensing Program Analyst shall conduct a subsequent visit to the facility to issue the civil penalty, or if the Regional Office determines it is appropriate, a non-compliance conference may be held. At the time of assessment, the Licensing Program Analyst should inform the licensee of his or her appeal rights specific to this type of civil penalty. A copy of both the licensing report and the civil penalty notice statement should be forwarded to the Civil Penalty Coordinator for invoicing and collection.

The LPA should consult with his or her Licensing Program Manager for specific questions on the new and amended LIC civil penalty forms.

Updated information will be provided once the civil penalty forms have been reprogrammed into FAS and the LPA is able to access them from within the facility file in FAS.

Contact with Complainants (RCFE only)

This law requires the Department to make a good faith effort to contact and interview the complainant, and to notify the complainant in writing of its decision regarding the RCFE complaint within 10 business days of completing the investigation. This contact must be documented on page 2 of the LIC [802 Complaint Report](#). This contact usually takes the form of a phone call. If there is an address but no available phone number for the complainant, the LPA may mail the complainant the second page of the LIC [856 Complaint Response Letter](#), specifically, the “Report of Findings” section, which describes the result of the LPA’s investigation.

In addition, the Department must give priority to a complaint filed by a local long-term care ombudsman or the State Long-Term Care Ombudsman that alleges denial of a statutory right of access to an RCFE. Further, it requires the Department to notify the Office of the State Long-Term Care Ombudsman that such an investigation has been initiated.

Under a [Memorandum of Understanding](#) with the Office of the Long-Term Care Ombudsman, each Regional Office is responsible for notifying the local Ombudsman Program of substantiated complaints against Residential Care Facilities for the Elderly and Adult Residential Facilities. The Regional Offices must also provide the local Ombudsman, in a timely manner, with legible copies of all LIC [809s Facility Evaluation Report](#) and LIC [9099s Complaint Investigation Report](#) for all Residential Care Facilities for the Elderly and Adult Residential Facilities in the Regional Office’s local planning and service area. ([EM Section 3-2650](#))

Any civil penalties assessed or deficiencies cited prior to January 1, 2016, must be appealed according to the previously established procedure.

INFORMATION ONLY – ACTION REQUIRED

Senate Bill 588 (De León), Chapter 10, Statutes of 2015

Affects: Adult Residential Facilities (ARFs), Residential Care Facilities for the Chronically Ill (RCFCIs), and Residential Care Facilities for the Elderly (RCFEs)

Subject: Employment: nonpayment of wages: Labor Commissioner: judgment enforcement.

Summary: [SB 588](#) added Chapter 10 to Division 1 of Title 9 of Part 2 of the Code of Civil Procedure, amended [Section 98](#) of, and added Sections 96.8, 238, 238.1, 238.2, 238.3, 238.4, 238.5, and 558.1 to, the Labor Code, relating to employment.

OVERVIEW:

This bill is effective January 1, 2016. If the licensee receives a final judgment against them for nonpayment of wages to the employee, they are no longer allowed to do business, i.e. they may not obtain a license or renew a license in this state unless they obtain a bond from a surety company and file a copy of the bond with the Labor Commissioner.

The bill allows the Labor Commissioner to issue a notice of levy or a lien on property of the employer that they determine owes back wages. The notice of levy or lien is a way of legally securing the amount owed by the employer to the employee, when enforcing a judgment against the employer.

If the employer files an appeal and loses, they are required to pay what is owed to the employee for back wages. If this debt is still not paid after a period of 20 days after the time to appeal has ended and there is no current appeal, then the Labor Commissioner is authorized to bring an action to foreclose on any lien.

IMPLEMENTATION:

In the event the Department receives notification that the licensee is in violation of Section 238 of the Labor Code, the LPA should take this as a complaint and less than three hours from discovery notify their management. Since a final judgment against the licensee threatens the viability of the facility, it is an indication that the facility may close. During the investigation, the LPA may determine, in addition to determining whether this incident represents a threat to their viability, whether the licensee has obtained a bond. The LPA should work with their management and enforcement attorney as needed.

For legislative information related to this new law, please see: [SB 588 \(De León\)](#)

INFORMATION ONLY – NO ACTION REQUIRED

Assembly Bill 918 (Stone), Chapter 340, Statutes of 2015

Affects: Adult Day Programs (ADPs), Community Crisis Homes (CCHs), Enhanced Behavioral Support Homes (EBSHs), Residential Care Facilities for the Elderly (RCFEs), Social Rehabilitation Facilities (SRFs), and Children's Residential Facilities

Subject: Seclusion and restraint: developmental services: health facilities

Summary: [Assembly Bill \(AB\) 918](#) added Sections [4436.5](#) and [4659.2](#) to the Welfare and Institutions Code (WIC), to require public reporting of injuries and deaths occurring as a result of the use of seclusion and behavioral restraint.

OVERVIEW:

Effective January 1, 2016, regional center vendors that provide residential services or supported living services, long-term health care facilities, and acute psychiatric hospitals shall report each death or serious injury of a person occurring during, or related to, the use of seclusion, physical restraint, chemical restraint, or any combination thereof. The report shall go to Disability Rights California (DRC) [formerly the Protection and Advocacy Agency] no later than the close of the business day following the death or serious injury. [Welfare and Institutions Code, Section 4900(i)]

The California Department of Developmental Services (CDDS) has the authority to enforce this law relating to the care, custody, and treatment of developmentally disabled persons. [Welfare and Institutions Code, Section 4416] Pursuant to AB 918, CDDS licensees who are also "regional center vendors who provide residential services" are required to report the specified information to DRC. Failure to do so would result in disciplinary actions being taken against the Licensee by CDDS. The CDDS is to then publicly report this information on its internet website.

The following statute definitions are necessary to better understand the practices addressed by AB 918 that may lead to a death or serious injury of a person, which would then require reporting to DRC:

- "Chemical restraint" means a drug that is used to control behavior and that is used in a manner not required to treat the patient's medical conditions. [Welfare and Institutions Code, Section 4436.5(a)(2)]
- "Physical restraint" means the use of a manual hold to restrict freedom of movement of all or part of a person's body, or to restrict normal access to the person's body, and that is used as a behavioral restraint. "Physical restraint" is any staff-to-person physical contact in which the person unwillingly participates. "Physical restraint" does not include briefly holding a person without undue force in order to calm or

comfort, or physical contact intended to gently assist a person in performing tasks or to guide or assist a person from one area to another. [Health and Safety Code, [Section 1180.1\(d\)](#)]

- “Seclusion” means the involuntary confinement of a person alone in a room or an area from which the person is physically prevented from leaving. “Seclusion” does not include a ‘timeout’ as defined in regulations relating to facilities operated by the State Department of Developmental Services. [Health and Safety Code, [Section 1180.1\(e\)](#)]

For legislative information related to this new law, please see: [AB 918](#) (Stone)

INFORMATION ONLY – NO ACTION REQUIRED

ASSEMBLY BILL X2-15 (Eggman), Chapter 1, Statutes of 2015

This law becomes effective June 9, 2016.

Affects: Adult Residential Facilities (ARF), Adult Residential Facility for Persons with Special Health Care Needs (ARFPSHN), Residential Care Facilities for the Chronically Ill (RCFCI), Residential Care Facilities for the Elderly (RCFE), and Social Rehabilitation Facilities (SRF)

Subject: End of life

Summary: [Assembly Bill \(AB\) X2-15](#) adds and repeals [Part 1.85](#) (commencing with Section 443) of Division 1 of the Health and Safety Code

Overview

The End of Life Option Act authorizes a mentally competent adult, who has been determined by his or her attending physician (and confirmed by a consulting physician), to be suffering from a terminal disease to make a request for a drug for the purpose of ending his or her own life. The Act establishes a procedure for making these requests, and additionally requires specific information to be documented in the individual's medical record, including all oral and written requests for an aid-in-dying drug.

The Act specifies that a person or entity that elects, for reasons of conscience, morality, or ethics, not to participate, is not required to take any action in support of an individual's decision. Except as provided, it also provides a person immunity from civil or criminal liability solely because the person was present when the qualified individual self-administered the drug, or the person assisted the qualified individual by preparing the aid-in-dying drug so long as the person did not assist with the ingestion of the drug.

The Act makes it a felony to knowingly alter or forge a request for drugs to end an individual's life without his or her authorization or to conceal or destroy a withdrawal or rescission of a request for a drug, if it is done with the intent or effect of causing the individual's death. The Act also makes it a felony to knowingly coerce or exert undue influence on an individual to request the aid-in-dying drug, destroy a withdrawal or rescission of the request, or to administer an aid-in-dying drug to an individual without their knowledge or consent.

Participation by Licensees and Employees

Pursuant to the Act, Licensees may elect, for reasons of conscience, morality or ethics, not to have employees participate in activities pursuant to this act. Licensees may inform residents and prospective residents whether the Licensee has elected not to participate in the specified activities related to the End of Life Option Act. Specific to the

ARF, ARFPSHN, RCFCI, RCFE or an SRF environment, participation in activities pursuant to the Act is described as:

- Delivering the prescription for, dispensing, or delivering the dispensed aid-in-dying drug.
- Being present when the qualified individual takes the aid-in-dying drug prescribed.

Resident's Rights

Individuals living in an ARF, ARFPSHN, RCFCI, RCFE or an SRF facility and medically determined to be qualified to obtain the aid-in-dying drug ("qualified resident") retain the rights to obtain and self-administer the prescription, regardless of whether the licensee has determined that the entity and employees elect to not participate in activities pursuant to this Act.

The decision of a qualified resident to exercise their rights under this law shall not be basis for an eviction.

Medication Storage

Qualified residents residing in ARFs, ARFPSHNs, RCFCIs, RCFEs and SRFs have two options for storage at the facility. Residents may centrally store the medication with the facility, or they may elect to store the prescribed medication in their rooms. Residents who choose this option must store the medication in a locked receptacle (for example a locked box, a safe, a locked cabinet, etc.) which prevents access to the medication by other persons.

Facilities with a central medication storage policy cannot require a qualified resident to have their aid-in-dying medication centrally stored as long as the qualified resident stores the medication in a locked receptacle. If the facility centrally stores and manages medications, the facility must honor the request of any qualified resident who requests that the medication be centrally stored unless the facility objects to the delivery or dispensing the drug pursuant to the Act.

Resident Disclosures

There is no requirement for a qualified individual to disclose to anyone their intent to use the End of Life Act Option (except for the medical professionals involved in qualifying the individual and dispensing the medication). Therefore, residents considering the use of this option or who are qualified to take the medication are not required to inform the licensee or facility staff of their intent to exercise their rights under this law.

However, qualified residents are encouraged to communicate with the licensee and direct care staff. Facilities are also encouraged to communicate with residents regarding end of life planning issues.

In addition to other procedures required by this Act, physicians are required to counsel individuals on the importance of the following:

- Having another person present when he or she ingests the aid-in-dying drug.
- Not ingesting the aid-in-dying drug in a public place.
- Notifying the next of kin of his or her request for an aid-in-dying drug.
- Participating in a hospice program.
- Maintaining the aid-in-dying drug in a safe and secure location until the time that the qualified individual will ingest it.

Additional Background

The End of Life Option Act requires an individual requesting a prescription for an aid-in-dying drug to submit two oral requests and a written request to his or her attending physician. The request shall be signed and dated, in the presence of two witnesses, by the individual seeking the aid-in-dying drug. Only one of the two witnesses may own, operate, or be employed at a health care facility where the person is a patient or resident.